



Town of Maynard

FY22 Retiree Benefits
July 1, 2021 – June 30, 2022

Welcome to Open Enrollment

- **What do I need to do during the Enrollment Period?**

Retirees who want to keep the same health plan in which they are currently enrolled need to do nothing; enrollment will be automatically continued unless a change form is completed.

Retirees who want to cancel a plan, make a change in any way, must complete an enrollment/change form.

- **Where to go for help:**

Your primary contact person for all insurance plan enrollment questions is

Gloria Congram – Benefits Administrator of NFP.

Gloria is available Tuesdays from 12:30 p.m. to 6:00 p.m at the Town Office Building. Her phone number is (978) 897-1307 and email at gcongram@townofmaynard.net



**BlueCross
BlueShield**

I - Medical Plan

Medical Plan Overview

Eligible retirees of the Town of Maynard have access to comprehensive medical coverage to protect yourself and your family from catastrophic medical costs. Below is a summary of the information on the medical plans offered

Town of Maynard		
<u>Medical Plan Benefits</u>	<u>Enhanced Value Plan HMO Current Plan</u>	<u>Blue Care Elect PPO Current Plan</u>
Physician Office Visit / Well Care	Covered In Full	Covered In Full
Office Visit: PCP / Specialist	\$20 PCP / \$35 Specialist	\$20 PCP / \$35 Specialist
Deductible	HMO - None	\$500 / \$1,000 Out of Network Only
Out-of-Pocket Maximum	\$2,500 / \$5,000	\$2,500 / \$5,000
Coinsurance	HMO NONE (except DME)	20% All Out-of-Network Services
Emergency Room	\$150 Copay	\$150 Copay
IN-PT Hospital Admission	\$500 Copay	\$500 Copay
OUT-PT Surgical Day Care Ambulatory Surgical Facility	\$250 Copay	\$250 Copay
Lab & X-rays	\$0 - Covered In Full	\$0 - Covered In Full
CAT Scans, MRI, PET Scans	\$100 Copay HMO	\$150 Copay PPO
RX - 30 Day Retail or 90 Day Mail Order Delivery	\$10 / \$25 / \$45 \$20 / \$50 / \$90	\$10 / \$25 / \$45 \$20 / \$50 / \$90

General Regulations for Covering Spouses

Eligible Spouses - The subscriber may enroll an eligible spouse for coverage under his or her health plan membership. An 'eligible spouse' includes the subscriber's legal spouse.

In the event of a divorce or legal separation, the person who was the spouse of the subscriber prior to the divorce or legal separation will remain eligible for coverage under the subscriber's health plan membership, whether or not the judgment was entered prior to the effective date of this health plan. The former spouse will remain eligible for this coverage only until the subscriber is no longer required by the judgment to provide health insurance for the former spouse or the subscriber or former spouse remarries, whichever comes first.

If the subscriber remarries, the former spouse may continue coverage under a separate health plan membership with the subscriber's group, provided the divorce judgment requires that the subscriber provide health insurance for the former spouse. This is true even if the subscriber's new spouse is not enrolled under the subscriber's health plan membership. However, the former spouse must move from family coverage to individual coverage and additional premiums will be required; the former spouse only remains eligible under the group if the divorce decree provided for such coverage. If the former spouse remarries, the former spouse's eligibility ends.

Approaching age 65?

Effective January 1, 2018 the Town of Maynard requires a mandatory transfer to a Senior Plan of all retirees, spouses of retirees or surviving spouses who are age 65. Please contact Gloria Congram approximately 3 months before you turn 65 to discuss your options.

Medical Plan Overview

Health Insurance Summary of Benefits and Coverage (SBC)

The Patient Protection and Affordable Care Act (ACA) requires that health plans provide a “Summary of Benefits and Coverage (SBC) following a prescribed format for ease of comparison.

Summary of Benefits and Coverage (SBC) for both our **Blue Care Elect PPO Enhanced Value** and **HMO Blue New England Enhanced Value** plans are available either in electronic or hard copy format by contacting Gloria Congram.

Medical Plan Overview

Children's Health Insurance Program (CHIP)

- If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.
- If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.
- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.
- If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and qualified beneficiaries the right to continue health insurance coverage under the town's group health plan when a "qualifying event" would normally result in loss of eligibility. Included are such events as resignation, termination of employment, a reduction in an employee's work hours, an unpaid leave of absence, divorce or legal separation, a dependent child no longer meeting eligibility requirements or the death of an employee. Under COBRA the employee or beneficiary pays the full cost of the premium at the Town of Maynard's group rate with an additional 2% administrative fee and coverage is subject to timely premium payments to the Town of Maynard. For more information please contact the benefits administrator or visit the website of the U.S. Department of Labor at: <http://www.dol.gov/dol/topic/health-plans/cobra.htm>



IV Life Insurance

Life Insurance

The Town currently offers a Group Term Life Insurance Policy of \$5000. There is no monetary value to this plan as it is a term life plan.

Massachusetts has adopted the Uniform Probate Code, which became effective March 31, 2012. Under the Probate Code, MGLA Chapter 190B Section 2-804, **if the named beneficiary of a life insurance policy is a divorced spouse, the designation is automatically considered to be revoked by operation of the Code.** If you are insured and divorced it is suggested that you review any beneficiary designation made on your life insurance policy for consideration of making a change.



V - Premium Renewal Rates

Premium Rates Effective July 1, 2021

How Much
Do I Pay?

		Blue Care Elect Preferred (PP0)		
		Retiree		\$366.70
		Family		\$913.66
		Network Blue New England (HMO)		
		Retiree		\$220.00
		Family		\$577.64
		Medex 2 with Blue MedicareRx (1/1/2021 rate)		
		Retiree		\$84.36
		Retiree & Spouse		\$168.72
		Surviving Spouse		\$337.44
		Man Blue for Snrs with Blue MedicareRx (1/1/2021 rate)		
		Retiree		\$81.70
		Retiree & Spouse		\$163.40
		Surviving Spouse		\$326.81
		Boston Mutual Life Insurance		
		\$5,000		\$2.88